NATIONAL COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 19, No. 20

WEEKLY

REPORT

For

Week Ending

May 23, 1970

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / PUBLIC HEALTH SERVICE THEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

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EPIDEMIOLOGIC NOTES AND REPORTS HUMAN BUBONIC PLAGUE - Cochiti, New Mexico

On May 23, 1970, bubonic plague was diagnosed in a 39-year-old American Indian, hospitalized in Albuquerque, New Mexico. The patient, a resident of the Cochiti Indian Pueblo, located 25 miles southwest of Sante Fe, had been in good health until May 16. That afternoon, he had sudden onset of severe right-sided headache, nausea, vomiting, shaking chills, and fever. Over the next several days these symptoms persisted, accompanied by generalized myalgia, arthralgia, blurred vision, lethargy, confusion, and staggering gait. He remained febrile (temperature 102-105°F.), although he had taken aspirin. On May 18, he was hospitalized.

His admission physical examination was unremarkable except for fever and mild confusion. A complete blood count and chest x-ray were within normal limits; urinalysis revealed proteinuria, pyuria, and microhematuria; stool and

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urine cultures were negative; and a lumbar puncture was normal except for mildly elevated opening pressure. He was treated with fluids, analgesics, antiemetics, a single dose of procaine penicillin, and bed rest. On May 21, he was slightly improved.

On May 22, gram-negative bipolar staining rods were identified in two blood cultures taken on May 19, and a (Continued on page 198)

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

	20th WE	EK ENDED		CUMULA'	TIVE, FIR	ST 20 WEEKS
DISEASE	May 23, 1970	May 17, 1969	MEDIAN 1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis Brucellosis Diphtheria Encephalitis, primary: Arthropod	26 7 14	15 7 8	27 6 1	548 68 170	553 56 57	551 81 64
Encephalitis, post-infectious	23 19 149	17 6 87	22 23	405 178 2,642	388 110 2,006	482 325
Measles	1,087 67 1,950	967 65 984	883 39 1,825	21,783 1,340 28,092	18,482 1,003 13,526	760 46,212
Military	39 38 1	72 61 11	64 61 6	1,296 1,166 130	1,712 1,545 167	1,673 1,522 151
Paralytic	2,505 1 1	2,564 1 1	1 1	54,950 2 2	49,424 2 2	9 7
Tularemia Typhoid	2,242 6 4	2,835 1 5	2 2	38,598 37 37	32,323 43 38	44 57
Typhoid fever Typhus, tick-borne (Rky. Mt. spotted fever) Rabies in animals	5 8 61	7 12 59	7 5 80	85 29 1,290	105 33 1,538	113 24 1,753

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

Apthan	Cum.		Cum.
Botulism:	1	Psittacosis:	13
eprosy: Tex2	1 43	Rabies in Man:	
Flag. Frosis:	1 11	Trichinosis: Cal2, N.Y.Ups1, Tenn1	
N.Mex1	1	Typhus, murine: Hawaii-1	6

BUBONIC PLAGUE - (Continued from front page)

tentative diagnosis of bubonic plague was made. On May 23 this diagnosis was confirmed on the basis of bacterial phage typing by the state laboratory.

On reexamination of the patient, a tender lymph node 1 cm in diameter was noted in the left inguinal region, although there was no definite bubo. The patient was treated with tetracycline (500 mg orally 4 times daily) and streptomycin (1 g intramuscularly twice daily) beginning on May 22, and has continued to improve. The patient could recall no recent animal contact or insect bites.

Investigation primarily in the area of the Cochiti Pueblo is currently underway to determine the source of his infection. In addition, his family members, including his 13-year-old daughter who experienced an illness similar to her father's several days before his onset, but who recovered spontaneously, are being serologically evaluated.

(Reported by U. Hodgin, M.D., and C. Tomlin, M.D., Physicians, Albuquerque; Bruce Storrs, M.D., Director, Medical Services Division, Eva Wallen, M.D., District Health Officer, Brian Miller, and Neil Weber, General Sanitation Section, Environmental Services Division, and Daniel Johnson, Ph.D., Director, State Laboratory, New Mexico Health and Social Services Department; and an EIS Officer.)

HEPATITIS ASSOCIATED WITH RENAL HEMODIALYSIS - Memphis, Tennessee

Since December 1969, three of six nurses on the renal hemodialysis unit of a hospital in Memphis, Tennessee, have developed hepatitis. All three had symptoms and liver function studies consistent with viral hepatitis. Two of them had onsets marked by urticarial rash and severe polyarthralgia; two, who had received immune serum globulin globulin (0.06 cc per lb. of body weight) on two occasions prior to onset, remained anicteric. Hepatitis-associated antigen (HAA) was demonstrated in the serum of one sick nurse, and antibody to HAA was detected in serum from one of the three well nurses. The three sick nurses as well as two of the three well nurses recalled receiving numerous needle punctures or minor hand lacerations during the previous 6 months.

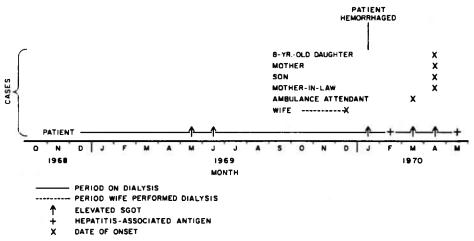
The hemodialysis unit has been in operation for approximately 1-1/2 years. Liver function studies are performed each month on sera from all patients. At the time of the outbreak, there were 12 patients undergoing chronic hemodialysis and two with recent renal transplants. Although no patient had ever been clinically jaundiced, 10 had had SGOT determinations of greater than 100 Sigma-Frankel units (normal 10-40). In May 1970, HAA was detected in

the sera of five patients who had had previous SGOT elevations; the remaining nine were negative.

In addition to the hepatitis cases among patients and staff, secondary spread occurred among the family and contacts of one of the dialysis patients. The patient had had abnormal liver function in May 1969 and HAA in February 1970 (Figure 1). His wife, who reported a needle puncture in the fall of 1969 while learning home dialysis, developed hepatitis with a prodromal urticarial rash in late December 1969.

In mid-January, while his wife was in the hospital with hepatitis, the dialysis patient hemorrhaged at home. One of the two ambulance attendants, who had administered first aid to the patient in January, subsequently developed a measles-like rash, myalgia, and polyarthralgia in mid-March; he became jaundiced and was hospitalized with hepatitis in early April. Over the same time period, the second attendant developed a pharyngitis, myalgia, and distaste for cigarettes but was never documented to have hepatitis. In April, the patient's mother and mother-in-law also became jaundiced; both had been present when the patient had hemorrhaged in January. The mother had pain-

Figure 1 OCCURRENCE OF HEPATITIS IN A DIALYSIS PATIENT AND SECONDARY CASES IN FAMILY MEMBERS AND A CONTACT TENNESSEE - OCTOBER 1968-MAY 1970



less jaundice and was seropositive for HAA, and the mother-in-law had prodromal measles-like rash and polyarthralgia followed by jaundice. Also in April, the patient's 5-year-old son developed anicteric hepatitis with prodromal rash, malaise, dark urine, SGOT elevation, and detectable HAA. The patient's 8-year-old daughter, although asymptomatic, was positive for HAA in late April, and his 3-year-old daughter, who also remained well, was discovered in late April to have antibody to HAA.

(Reported by G. Doty Murphy, M.D., Acting State Epidemiologist, Division of Preventive Health Services, Tennessee Department of Public Health; George S. Lovejoy, M.D., Director, and Robert C. Rendtorff, M.D., Director, Communicable Disease Division, Memphis-Shelby County Health Department; Fred E. Hatch, M.D., Chief, Division of Nephrology, and Alan K. Bisno, M.D., Chief, Section of

Infectious Diseases, Department of Medicine, University of Tennessee; and EIS Officers.)

Editorial Comment:

Staff nurses on hemodialysis units are exposed daily to the blood of potentially infective patients and may become infected by accidental needle punctures, inoculation through skin lesions, or ingestion of contaminated blood from chronic dialysis patients. These patients probably contract hepatitis from multiple exposures to blood transfusions (patients in this unit averaged 1.6 transfusions per month) and usually have mild or subclinical infections. Secondary spread of hepatitis from dialysis patients to family members has been infrequently reported. In this outbreak the secondary spread to household contacts and an ambulance attendant probably represents nonparenteral transmission of long incubation, HAA-positive hepatitis.

TRICHINOSIS - California

An outbreak of trichinosis with nine cases (one fatal) has been reported from Humboldt County, California. The vehicle of infection was homemade sausage. The first reported case had onset of symptoms on Apr. 13, 1970, and the diagnosis of trichinosis was confirmed on April 28. This patient, a 61-year-old man with a past history of hypertension, diabetes, and chronic obstructive lung disease, was hospitalized because of trichinosis and his complicating lung disease. In spite of therapy with ACTH, corticosteroids, and thiabendazole, he died on May 12. At autopsy, pertinent findings included pulmonary embolism, myocarditis, and degenerative trichina larvae in the diaphragm. The eight other patients, including three children, recovered without requiring hospitalization.

All nine patients had assisted in either the slaughter of a semi-wild sow or preparation of sausage from the carcass. The hog had been purchased at an auction in February by one of the patients. After 6 weeks of grain feedings, the hog was slaughtered on April 6. Approximately 400 lbs. of link sausage consisting of the pork and beef and spices was prepared. Eight of the nine patients had tasted the raw sausage during its preparation. Subsequently, the sausage was distributed to approximately 100 individuals.

Following notification of state and local authorities, newspaper, radio, and individual notices were made warning the community of the hazards of this sausage. The remaining sausage was impounded and destroyed.

Pepsin-hydrochloric acid digestion of samples of the sausage were positive for *Trichinella spiralis* cysts.

All exposed individuals are currently being skin and serologically tested for trichinosis. Further investigation of possible trichinosis reservoirs and meat processing practices in the area is in progress.

(Reported by Philip Condit, M.D., Chief, and Richard W. Emmons, Epidemiologist, Bureau of Communicable Disease Control, Edward Bayer, D.V.M., and George Humphrey, D.V.M., Veterinary Public Health Section, and Ronald Wood, Ph.D., Chief, Microbial Disease Laboratory, California Department of Public Health; Mr. George Agee, Jr., California Department of Agriculture; Monna Sheller, M.D., Health Officer, Humboldt-Del Norte County Health Department; and Clarence Crane, Jr., M.D., Physician, Ferndale, California.)

CRYPTIC* MALARIA - Tennessee

In October 1967, a 56-year-old registered nurse had a radical mastectomy performed in Gainesboro, Tennessee, and received two units of blood during the procedure. The other breast was removed in July 1969, and a single unit of blood was given. On Oct. 13, 1969, the woman developed a temperature of 104°F., shaking chills, and vomiting. At the hospital laboratory, unusual intra-erythrocytic structures were noticed in peripheral blood smears; the smears were then forwarded to the state health department where

Cryptic - an isolated case of malaria not associated with secondary cases as determined by appropriate epidemiologic investigation (1).

the diagnosis of malaria was confirmed. The original slides were later reviewed at NCDC and were identified as rare *Plasmodium* ring forms of indeterminable species. Malarial parasites could not be identified on subsequent peripheral blood smears.

Chloroquine therapy was started on November 8, 3 weeks after the onset of symptoms, and continued for 20 days without a clinical response. Quinine therapy was then substituted for 11 days, and the patient became afebrile. The patient has been rehospitalized for evaluation of her primary disease, but the fever has not returned.

(Continued on page 204)

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MAY 23 1970 and MAY 17 1969 (20th WFFK)

		M	AY 23, 19	70 and M	AY 17, 19	69 (20th	WEEK)				
	ASEPTIC	PRUCEI	DIR	E	NCEPHALITI	S		HEPATITIS			
AREA	MENIN- GITIS	BRUCEL- LOSIS	DIPH- THERIA	1 -	including cases	Post In- fectious	Serum	Infect	ious	MALAI	RIA
	1970	1970	1970	1970	1969	1970	1970	1970	1969	1970	Cum. 1970
UNITED STATES	26	7	14	23	17	19	149	1,087	967	67	1,340
NEW ENGLAND	1	-	_	1	5	-	5	105	74	2	40 3
Maine	_	_	_	<u> </u>	<u> </u>	-		4	2	_	-
New Hampshire			_	-	_	_	_	5 21	1 3	_	3
Vermont.	1	_	-	1	4		2	54	36	2	22
Massachusetts Rhode Island	2. 2	_	_	343		=:	<u> </u>	8	18	::=	5
Connecticut)(**	-	_	-	1	-	3	13	14	-	7
MIDDLE ATLANTIC	7	_	_	3	1	1	57	230	174	21	159
New York City	1	_	_	1	-	-	30	63	60	-	25 42
New York, Up-State	2	-	_	-	-	-	2	48	31	1	40
New Jersey Pennsylvania*	3 1	_	_		1 -	- 1	13 12	44 75	37 46	3 17	52
	4				ĺ ,	,					66
EAST NORTH CENTRAL	6 1	_	<u>-</u>	6 3	4	4	29 4	169 45	167 33	5	18
OhioIndiana	2		_		-	-	4	15	13	<u>'</u>	5
Illinois	2	_	_] _	_	1	12	29	42	4	12
Michigan.	1	_	_	3	4		13	72	68		31
Wisconsin	-	-	-	-	-	-	_	8	11	: -	-
WEST NORTH CENTRAL	_	3	-	1	1	-	1	54	48	9	98
Minnesota	-	-	_	-	-	-	-	16	10	-	7
Iowa	-	3	_	-	-	-		9	8	l -	17
Missouri	_	-	_	-	-	-	-	20	21	3	1
North Dakota	_		-		_	_	-	-	1		2
South Dakota Nebraska.*	_	_	_	I -	-	_	_	_ 1	2	_	1
Kansas	_	26	_	1 1	1	_ [1	8	6	6	69
		FILE									234
SOUTH ATLANTIC	_	4	<u>-</u>	7 -	2	10	9	145	110	17	1
Delaware		_	-	_		3	3	5 12	1 20	1 -	25
Maryland	_	_	_	_	-	_	_	12	3		2
Virginia	_	_	_	3	1	_	_	33	9	4	23
West Virginia.	_	. – 1	_	_	_	_ !	_	7	10	_	3
North Carolina*	-	-	_	₂ 1	1	- 1	3	34	10	6	99 21
South Carolina	-	-	-	-	- !	-	-	5	3	3	41
Georgia	_	4	_	3		7	- 3	26	19	2	19
Florida		-	_			· '	ر	23	35		103
EAST SOUTH CENTRAL	1	- ! - !	_	2	1 1	1	2	53 14	62 40	2	86
Kentucky Tennessee	1	-	-	1	7=	-	22	32	18	-	-
Alabama	-	_	_	1	_	1	2	2	4	-	11 6
Mississippi	-	-	-	-	-	-	-	5	-	1	Ů
WEST SOUTH CENTRAL	7	_	9	1	1	_	1	73	64	1	258
Arkansas	-	-	_	i -	l -	-	-	2	2	-	18
Louisiana	1 2	-	2	1	1	-	1	9	14	1	34
Oklahoma Texas	4	_	7	_	_	_		8 54	6 42	_	202
							_				108
MOUNTAIN	1	_	_	1	1	1	3	48	30	1	4
Montana,	_	_	_	_		_	_	9	2 5	1	3
Idaho	_	_ [_	_	_	_	_	2	2		
Wyoming	-		_	1	1	_		12	1	_	93 3
New Mexico.	-	-	-	_	_	1	. 1	7	2	_	3
Arizona.	1	-	-		-	- [' -	9	14	-	2
Utah	_	_	_	<u> </u>	_	-	2	5	4	-	-
Nevada	-	-	-	-	_	-	-	3	_	-	
PACIFIC	3	-	5	1	1	2	42	210	238	9	274
Washington.*			4	-	j -	1	-	20	25	-	12
Oregon.	-	100	1	l .	-	- 1	3	18	19	_	182
California.	3		-	1	1	1	39	171	189	9	-
Alaska					_			1	1 4		68
Puerto Rico.*					525					-	1
Virgin Islands	Ξ	1	-	_	=	=	5	33	29	_	
Delayed Penertas Asenti				 							

*Delayed Reports: Aseptic Meningitis: Wash. 1 Brucellosis: Ala. Delete 1 Encephalitis, Primary: Pa. 1

Encephalitis, Post: Pa. 2

Hepatitis, Serum: N.C. 1, Pa. 1, P.R. 2 Hepatitis, Infectious: Neb. 2, N.C. Delete 1, Pa. 25, R.I. Delete 7, P.R. 2

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MAY 23, 1970 and MAY 17, 1969 (20th WEEK) CONTINUED

	MEA	- ASLES (Rube	ola)	MENINGO	COCCAL INF	ECTIONS,	MUM	rps -	Pot	LIOMYELITI	s
AREA		Cumul	ative		Cumul	ative		Cum.	Total	Paral	
	1970	1970	1969	1970	1970	1969	1970	1970	1970	1970	Cum. 1970
UNITED STATES	1,950	28,092	13,526	39	1,296	1,712	2,505	54,950	1	1	2
NEW ENGLAND	102	620	673	_	57	56	278	6,838	_	_	_
Maine.	41	59	4	_	1 1	5	2/0	582	1 -	_	_
New Hampshire	2	19	208	_	5	1	ī	220	_	_	_
'crmont	_	2	2	_	5		4	527	_	_	_
"dagachiicette "	32	434	100	_	26	26	63	2,196	l <u>-</u>	_	_
"Mode Island"	24	48	17	_	3	4	66	924	l <u>-</u>	l <u>-</u>	_
Connecticut	3	58	342	_	17	20	142	2,389	_	-	_
MIDDLE ATLANTIC	162	3,432	4,828	6	227	257	144	5,422	_	_	_
	37	603	3,364	1	56	46	-	1,689	! -	_	_
TOTK In-State	25	151	427	2	45	45	NN	NN	_	l <u>-</u>	_
Jereau	43	1,363	533	1	84	108	26	1,569	_	_	_
Pennsylvania*	57	1,315	504	2	42	58	118	2,164	-	_	-
EAST NORTH CENTRAL	640	6,663	1,355	7	151	217	710	14,058	_	_	_
	211	2,624	217	1	66	76	92	2,249	l <u>-</u>	l _	_
	24	216	399	ż	18	26	77	1,353	_	_	_
	289	2,418	224	ī	32	37	62	1,265	_	_	_
	67	818	126	2	30	64	198	3,411	l <u>-</u>	_	l <u>-</u>
Wisconsin	49	587	389	1	5	14	281	5,780	_	-	-
WEST NORTH GENERAL	247	2,490	397	4	66	92	93	3,102	1 1	1	1
Minnesota	4	34	2	_	7	16	7	297	l <u>-</u>	<u> </u>	<u>-</u>
Iowa.	5	106	257	1	9	10	59	2,028	i	_	_
	190	1,042	15	2	44	43	4	96	1 1	1	1
North Dakota	11	260	6	_	2	1 72	2	230	\ <u> </u>	<u> </u>	
	· ·	76	<u> </u>	_	1 -	1 -	_	10	_	1 -	<u>-</u>
	33	918	113	1	3	9	4	339	1 <u> </u>	_	_
Kansas	4	54	4	-	1	14	17	102	-	_	_
SOUTH ATT AND C	225	5 242	1 015		201	201	220				
Delaware Maryland	335 17	5,343	1,915 227	11	281	304	338 14	5,778 151	_	_	_
Maryland.	27	1,073	30	4	31	29	44	490	_	_	
Dist. of Columbia	4	319		-	1 1	8	1 1	144	_		-
Virginia	95	1,439	805	1	24	35	103	1,396	_	_	i -
West Virginia	28	210	150	<u>'</u>	5	13	69		_		_
North Carolina	59	579	154	4	57	50	NN	1,500 NN	1 =	-	-
South Carolina	27	404	93	2	31	43	34	568	_		
Georgia.	1	6	1	_	28	52	34	300	1 -	! [1
Plorida	77	1,088	455	_	101	70	73	1 520	I		-
Danie	,,	1,000	_ CC#	_	'0'	/ /	/ 3	1,529	ļ -	-	-
Kentucky	50	679	69	2	97	102	122	3,248	_	_	l <u>-</u>
Kentucky	5	344	36	_	34	36	24	1,236	I _	i -	-
ennega	22	239	15	_	39	39	89	1,814	1 =	_	! -
Alabama. Mississippi	17	57	1 1	2	20	17	3	172	_	_	_
	6	39	17	_	4	10	6	26	_	-	_
TCOT SOUTH	205			_							
Arkansas.	285	6,332	3,110	3	183	243	262	5,578	-	-	1
LOuisia-	1	28	16	1	16	27	3	81	ļ -	-	-
Uklah.	1	60	74	2	48	68	2	16	-	_	-
Oklahoma Texas	28	333	111	-	11	23	71	2,067	-	-	-
	255	5,911	2,909	-	108	125	186	3,414	-	_	1
UNITATE	50	1,115	450	2	19	34	115	2 /45	_		1
Montana Idaho	1	15	430	_	19	4	20	2,465	_	-	-
	<u>-</u>	19	_	1	4	1	,	470		-	-
"YOm!-	_	8	42		1 1	6 -	3 _	77 30	_	-	-
CO I am	1978 -	110	99	_	5	6	49	797	_	-	-
uen M	6	135	161		1	6	26	505	1 7	-	-
111	36	793	136	1	7	8	17	486	-	-	-
Tal.	- 30	19	3	<u> </u>	2	8 2	' <u>'</u>	100		_	-
"evada	1	16	ر 1	-		2	_	-	-	-	-
LETO											
ashington.*	79	1,418	729	4	215	407	443	8,461	-	-	–
Oregon *	-	172	49	_	32	50	181	3,573	- 1	_	-
	1	144	153	_	17	9	57	663	i -	_	_
	63	992	511	4	165	329	205	3,335	-	-	_
		44	4		-	11		303			1
- University	15	66	12	-	1	8		587		-	<u> </u>
Virgin Islands Delayed Reports: Measle	18	740	600	_	3	12	24	508	_		
							, -:	, 200			

Reports: Measles: Mass. Delete 24, Pa. 94, R.I. 1
Meningococcal Infection: Ind. Delete 1, Pa. 1
Mumps: Pa. 112, R.I. 57, Wash. 13

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MAY 23, 1970 and MAY 17, 1969 (20th WEEK) CONTINUED

AREA 1970	TANUS	TULARE	ENIA	TYPH FEV		TYPHUS TICK- (Rky. Mt.	BORNE	RABIE ANIM	ALS
UNITED STATES. 2,242 38,598 6 NEW ENGLAND. 119 1,786 — Maine. 8 294 — New Hampshire. 8 138 — Vermont. 10 41 — Massachusetts 70 832 — Rhode Island.* 2 51 — Connecticut. 21 430 — MIDDLE ATLANTIC. 283 3,059 2 New York City. 36 406 1 New York, Up-State. 22 283 — New Jersey. 31 697 1 Pennsylvania.* 194 1,673 — EAST NORTH CENTRAL 412 7,984 — Ohio. 74 1,560 — Indiana. 56 1,527 — Illinois. 162 1,278 — Michigan. 60 1,947 — Wisconsin. 60 1,672 — Wisconsin. 60 1,672 — Wisconsin. 60 1,672 — Wisconsin. 60 1,672 — North Dakota. 5 89 — Iowa. 80 1,900 — Missouri. 27 296 — North Dakota. 5 103 — South Dakota. — 1 — Nebraska. 21 513 — Nebraska. 6 47 — SOUTH ATLANTIC. 187 4,961 — Delaware. 2 37 — Maryland. 9 267 — Dist. of Columbia — 15 — Virginia. 23 584 — West Virginia. 34 994 — North Carolina. 19 519 — Georgia. — — — Florida. 91 2,517 — EAST SOUTH CENTRAL 87 1,852 2 Kentucky. 19 626 — Florida. 91 2,517 — EAST SOUTH CENTRAL 87 1,852 2 Kentucky. 19 626 — Florida. 91 2,517 — WEST SOUTH CENTRAL 456 7,215 — Arkansas 1 3 128 — Oklahoma 123 741 — Colorado 29 272 — Now Mexico 8 144 — Arizona 11 139 — New Mexico 8 144 — Arizona 11 139 — Nevada. — — — PACIFIC. 456 7,222 2	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970
Maine	37	4	37	5	85	8	29	61	1,290
New Hampshire.	3	-	-	1	4	-	_	-	47 11
Vermont.	-	-	-	_	-	-	-	_	-
Massachusetts	_	_	_	_	_	_	_	_	34
Rhode Island.*. 2	2	_	_	1 1	3	_	-	_	-
MIDDLE ATLANTIC. 283 3,059 2	_	_	_		_	_	- 1	_	1
New York City 36 406 1 New York, Up-State 22 283 - New Jersey 31 697 - Pennsylvania* 194 1,673 - EAST NORTH CENTRAL 412 7,984 - Ohio 74 1,560 - Indiana 56 1,527 - Illinois 162 1,278 - Michigan 60 1,947 - WEST NORTH CENTRAL 144 2,949 - Wisconsin 20 1,900 - WEST NORTH CENTRAL 144 2,949 - Minnesota 5 89 - Iowa 80 1,900 - Missouri 27 296 - North Dakota 5 103 - South Dakota - 1 - South Dakota - 1 - South Dakota - 1	1	-	-	-	1	-	-	-	1
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Alaska 76	_		_		1		-		-
Hawaii 153 -					1	-	-		20
Puerto Rico 2 20 Virgin Islands	4	=	-		2	Ē	=:	-	-

*Delayed Reports: Rubella: Pa. 199, R.I. Pelete 52, Wash. 62

Week No. 20

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MAY 23, 1970

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

	All Ca	uses	Pneumonia	Under		All Ca	uses	Provent -	17-3-
Area			rneumonia and	l year	Aves			Pneumonia and	Unde 1 yea
Atea	All Ages	65 years and over	Influenza	Å11	Area	All Ages	65 years and over	Influenza	A11
			All Ages	Causes			and over	All Ages	Cause
NEW ENGLAND:	658	393	29	32	SOUTH ATLANTIC:	1,281	641	56	6
Boston, Mass	193	100	9	6	Atlanta, Ga	150	62	1 4	
Bridgeport, Conn	49 19	35 13	4 2	1	Baltimore, Md	223 46	118	7	
Cambridge, Mass Fall River, Mass	31	19	1	2	Charlotte, N. C	73	12 39	3	
Hartford, Conn	54	28	2	4	Jacksonville, Fla Miami, Fla	121	65	_	ļ
Lowell, Mass	20	17	1	1	Norfolk, Va	49	21	3	
Lynn, Mass	22	13	× 5	1	Richmond, Va	85	42	9	
New Bedford, Mass	29	17	1	2	Savannah, Ga	31	9	2	
New Haven, Conn	41 60	20 34	-	9	St. Petersburg, Fla	102 67	83	4	
Providence, R. I Somerville, Mass	13	9	2 -	-	Tampa, Fla	287	36 133	16	1
Springfield, Mass	48	35	3	1	Washington, D. C Wilmington, Del	47	21	5	1 '
waterbury, Conn	22	13	_	1	William Ingeon, Dell		_	_	
Worcester, Mass	57	40	4	-	EAST SOUTH CENTRAL:	653	338	32	3
	2 225		400		Birmingham, Ala	109	49	4	
Albany, N. Y	3,225 43	1,893 26	132	135	Chattanooga, Tenn	54	33	7	
Allentown, Pa	35	20	2	1	Knoxville, Tenn	41 132	27 76	1 11	1
Buffalo, N. Y	149	86	2	10	Louisville, Ky Memphis, Tenn	132	64	2	'
Camden, N. J	46	27	1	2	Mobile, Ala	48	15	_	i
Elizabeth, N. J	25	13	2	1	Montgomery, Ala	31	21	4	
trie, Pa	49	30	1	3	Nashville, Tenn	106	53	1	
Jersey City, N. J	56	26	4	2		1 010			1 .
Newark, N. J	61 1,740	23 1,036	3 78	7 64	WEST SOUTH CENTRAL:	1,219 37	650 24	55 4	1 8
Paterson, N. J	42	24	4	1	Austin, Tex Baton Rouge, La	43	24	2	
""ladelphia, Pa	433	247	6	23	Corpus Christi, Tex	34	19	l î	}
rittsburgh Pa	152	81	8	9	Dallas, Tex	161	71	5	1
"eading, Pa	54	33	2	-	El Paso, Tex	56	30	8	1
Rochester, N. Y	105	64	9	2	Fort Worth, Tex	79	44	6	Ι.
Schenectady, N. Y Scranton, Pa	23 31	15 23	3	1	Houston, Tex	257 56	125 38	8	1
Syracuse, N. Y	83	50	: :	4	Little Rock, Ark New Orleans, La	159	89	3 6	
renton, N I	41	21	2	4	Oklahoma City, Okla	80	46	2	
orica. N v	25	21	3	-	San Antonio, Tex	134	72	4	
Yonkers, N. Y	32	25	1	1	Shreveport, La	48	22	1	
EAST NORTH CENTRAL:	0.500		7.0	405	Tulsa, Okla	75	49	5	
Akron, Ohio	2,588 72	1,417 40	78	125	NOUNTA TWO	452	253	18	2
Ohio	43	23	3	1	MOUNTAIN: Albuquerque, N. Mex	42	26	6	4
TIL TOTAL	661	338	16	30	Colorado Springs, Colo.	24	14	_	1
TallClnnari Obia	190	103	11	12	Denver, Colo	127	63	2	
eveland Objection	203	103	6	13	Ogden, Utah	21	11	3	
Tumbus Obio	140	72	_	3	Phoenix, Ariz	124	67	1 1	
Dayten, Ohio	78 357	46 203	3 5	6 15	Pueblo, Colo	16 43	10 27	2	
Tusville T_J	29	203	2	1	Salt Lake City, Utah Tucson, Ariz	55	35	3	
Mich	49	31	1	¥.	Ideson, At 12.			1 1	
Wayne Ind	64	38	3	6	PACIFIC:	1,613	981	35	7
T. Ind	34	14	5	3	Berkeley, Calif	16	12	1	
Will Ranida Mile	60	38	7	5	Fresno, Calif	53	30	3	
Madison His	153	90	2	8	Glendale, Calif	34	22	-	
	37 145	21 88	3 1	2 6	Honolulu, Hawaii Long Beach, Calif	50 85	27 58	1 5	
	43	23		2	Los Angeles, Calif	460	288	8	2
TALORA TII	27	14	4	1	Oakland, Calif	108	63	-	í
	41	22	-	2	Pasadena, Calif	33	25	-	
	97	50	4	4	Portland, Oreg	127	70	6	
Youngstown, Ohio-tt	65	40	1	2	Sacramento, Calif	66	42	1	
EST NORTH CENTRAL:	805	502	15		San Diego, Calif	111 190	63	2	
Des Moines, Iowa	46	502 28	15 2	41	San Francisco, Calif San Jose, Calif	52	107 35	3	
	25	19	-	=	Seattle, Wash	144	83	5	
	40	21	4	2	Spokane, Wash	48	36		
Lincoln No.	132	87	_	10	Tacoma, Wash	36	20	_	
Lincoln, Nebr	23	19	-	=		40	<u> </u>		1
Omaha Nat	109	74	1	3	Total	12,494	7,068	450	61
St. Louis	78 218	52 120	4	6	Expected Number	12,475	7 226	201	7.5
St. Paul, Minn.	68	129 39	4	11 4	<u> </u>	12,4/3	7,236	391	48
Wichita, Kans.	66	34	4	1	Cumulative Total (includes reported corrections	271,636	156,444	12,106	2,33
as Vegas, Nev.*		 			for previous weeks)		<u> </u>	<u> </u>	
Vec-	21	7	1	2	*Mortality data are being collected	from Las Vega	s, Nev., for p	ossible inclus	ion in t ncluded

The layed report for week ended May 16, 1970

The stimate-based on average per cent of divisional total

MALARIA - (Continued from page 199)

Malaria transmission was common in Gainesboro prior to World War II. The patient, who had lived her entire life in the area and had never traveled outside the United States, reported having malaria in 1934 for which she had received quinine. In 1948, malaria had also been diagnosed in her son. Neither of them gave a history of illicit parenteral use of drugs.

The three persons who had donated the blood given to the patient were all 32 years of age or younger and were natives of Tennessee. None had served in the military or traveled overseas prior to the time they donated blood. Peripheral blood smears and indirect fluorescent antibody determinations on the patient and two donors were negative for malaria in December 1969. Specimens obtained in March from the third donor, who served in the military in Vietnam subsequent to the time of donating blood were also negative.

A canvas of physicians in the Gainesboro area, inspection of the community hospital's admission records, and review of the hospital's hematology laboratory log book indicated no other cases of malaria in 1969. In addition, the patient denied both caring for a person with known malaria and inoculation of herself accidentally while drawing blood or giving injections. The state health department plans to conduct an entomological survey for the presence of anopheline mosquitoes and will keep this area of the state under close surveillance during the current malaria transmission season.

(Reported by E. M. Dudney, M.D., Gainesboro, Tennessee; J. Howard Barrick, Ph.D., Director, Division of Laboratories, W. H. Armes, Jr., M.D., Deputy Commissioner, and Eugene Fowinkle, M.D., Commissioner, Tennessee Department of Public Health; and an EIS Officer.)

Editorial Note:

This complicated case has been tentatively classified as cryptic malaria pending further investigation. The three blood donors are extremely unlikely sources of the infection. The possibility that this patient had a relapse of a P. malariae infection from 1934 has not been excluded.

Reference:

(1) WHO Expert Committee on Malaria - Tenth Report. WHO Technical Report Series No. 272, p. 34.

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 21,000 IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER

DIRECTOR, SPIDEMIOLOGY PROGRAM

DAVID J. SENCER, M.D. PHILIP S. BRACHMAN, M.D.

EDITOR MANAGING EDITOR MICHAEL B. GREGG, M.D. PRISCILLA B. HOLMAN

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD

NATIONAL COMMUNICABLE DISEASE CENTER

ATTN: THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES AT CLOSE OF BUSINESS ON FRIDAY; COMPILED DATA ON A NATIONAL ARE OFFICIALLY RELEASED TO THE PUBLIC ON THE SUCCEED

OFFICIAL BUSINESS

ATLANTA, GEORGIA

30333

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION HEALTH, EDUCATION, AND WELFARE COMMUNICABLE DISEASE CENTER PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF H.E.W POSTAGE AND FEES PAID

